								600			29	
	Form	990-T	E	Extended to 3 Exempt Organization Bus	sinē	ss Incom	e Tax	۱۹۱۲ Return) <u> </u>	OMB No 1545-0887	(S)	
"	-		(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning SEP 1, 2018 and ending AUG 31, 2019							2019	ලා	
		~ 4	For ca	lendar year 2018 or other tax year beginning SEP 1, Go to www irs.gov/Form990T for it					-	20 10	<u>ال</u>	
		tment of the Treasury at Revenue Service	•	• Do not enter SSN numbers on this form as it may	<u>Ор</u>	en to Public Inspection (1(c)(3) Organizations Onl						
	A [Check box if address changed		Name of organization (Check box if name changed and see instructions.) Jewish Community Alliance					Employe	r identification number ses' trust, see	0 1	
	B F	kempt under section	Print							-0530420	-	
]501(c 03)	or							d business activity code	-CV	
		408(e) 220(e)	Type	1342 Congress Street	.,				(See insu	ructions)		
	F]408A530(a)]529(a)		City or town, state or province, country, and ZIP or foreign postal code						532000		
	C Boo	ok value of all assets		Crown avamption number (Con instructions)	•				, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
Sec in Batching Jun 0 1 2020 SCANNED Jul 0 9 2025	ate	12,218,8	66.	G Check organization type X 501(c) controls uprelated trades or businesses.	poration	n 501(c) tr	ust	401(a) tr	ust	ust Other trust		
	H En	ter the number of the c	organiza	tion's unrelated trades or businesses	1	Des		only (or first) unre			-	
	tra	de or business here 🕨	nplete Parts I-V. If									
Department A EX		-	ce at the end of the previous sentence, complete Pa	arts I ar	nd II, complete a Sch	edule M f	for each additional	trade o	r			
	siness, then complete f				 		·			_		
				oration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled gro	up?	▶ ∟	Yes	X No		
				ifying number of the parent corporation.		T _f	lenhone	number ▶ 20	7 - 7	72_1959	_	
				de or Business Income		(A) Income	Jephone	(B) Expenses	/-/	(C) Net	_	
	(Д	Gross receipts or sale:			Ι -		_		$\neg \neg$	<u> </u>	_	
	. ``	Less returns and allow		c Balance ▶	1c _		REC	FIVED _	$\Box oldsymbol{oldsymbol{oldsymbol{\square}}}$		_	
	- 2	Cost of goods sold (So	chedule	A, line 7)	2				_ اد		<u> </u>	
•	3	Gross profit. Subtract	line 2 fr	om line 1c	3	<u> </u>			311		_	
=	34a	Capital gain net incom	-		4a_	8	Ank				_	
_				art II, line 17) (attach Form 4797)	4b_				<u> </u>			
ŭ,	C	Capital loss deduction			4c		OGD	EN, UT			_	
	5			ship or an S corporation (attach statement)	5						_	
	6 7	Rent income (Schedul		no (Sahadula E)	7	1,61	5	20	6.	1,319	-	
\ddot{o}	/ ه	Unrelated debt-finance		ne (Schedule E) Ind rents from a controlled organization (Schedule F)		1,01	-		•		•	
Ó	g			on 501(c)(7), (9), or (17) organization (Schedule G)	_						_	
				me (Schedule I)	10		_ `			<u> </u>	_	
		Advertising income (S	-	•	11_						_	
	12	Other income (See ins	truction	s; attach schedule)	12_						_ _	
		Total. Combine lines			13	1,61		29	6.	1,319	<u>•</u>	
	Pa											
23				utions, deductions must be directly connecte	u willi	trie urireiateu bus						
92			cers, dii	rectors, and trustees (Schedule K)				<u> </u>	14			
. 0		Salaries and wages							15 16			
2		Repairs and maintena Bad debts	ince					_	17	-	_	
=		Interest (attach sched	dule) (se	ee instructions)				-	18	_	_	
-		Taxes and licenses	30.0, (0.	30 111011 30110110)				F	19		_	
<u>c</u> (6,			ns (See	e instructions for limitation rules)) -	20		_	
₽ E -		Depreciation (attach F				21					_	
က္ဆည္	22	Less depreciation cla	ımed or	Schedule A and elsewhere on return		22a			22b		_	
Ë	23	Depletion						<u> </u>	23		_	
နွ င်		Contributions to defe		mpensation plans					24		_	
<u></u>		Employee benefit pro						<u> </u>	25		_	
		Excess exempt expen							26		_	
		Excess readership co							27 28	<u> </u>	_	
		Other deductions (attach schedule) Total deductions. Add lines 14 through 28								0	-	
				14 through 28 ncome before net operating loss deduction. Subtrac	et line 2	9 from line 13			29 30	1,319		
				oss arising in tax years beginning on or after Janua			:)		31	<u></u>	<u>-</u> i	
		· ·	-	ncome. Subtract line 31 from line 30	, ,, =\		,		32	1,319	<u>-</u>	
			•	work Reduction Act Notice, see instructions.						Form 990-T (201		
			-		34	l				n4		

98 32

Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	1,319.
34	Amounts paid for disallowed fringes	•	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	1,319.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	G	£ 3/7	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			1,000.
30	enter the smaller of zero or line 36	3	9 38	319.
Part I			1 30	<u></u>
		h <u>k</u>	2) 39	67.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	7	~ 38	07.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	_	 -	
	Tax rate schedule or Schedule D (Form 1041)		401	
41	Proxy tax See instructions	•	- 411	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		431	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	4	7 44	67.
Part \			-,-	,
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 45b		'	
C	General business credit. Attach Form 3800 45c		_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		_	
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	67.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	ttach schedule) 47	
48	Total tax Add lines 46 and 47 (see instructions)	Ч	48	67.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	·	49	0.
50 a	Payments: A 2017 overpayment credited to 2018			
b	2018 estimated tax payments 50b			
c	Tax deposited with Form 8868	400	. I	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		7 !	
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
a	Other credits, adjustments, and payments: Form 2439		7	
٠	☐ Form 4136 ☐ Other ☐ Total ► 50g		-	
51	Total payments. Add lines 50a through 50g		51	400.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	333.
10,85		unded 🛱	Th 55	233.
Part V) 	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit			Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1.00 1.00
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			. .
	here			<u>x</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	einn trust?		$\frac{x}{x}$
31	If "Yes," see instructions for other forms the organization may have to file.	Jigir trust-		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$]]
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	ne best of my kr	nowledge a	nd belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	ge F		
Here	Mel ane Port 14/1/26 Executive Dire	ctor		S discuss this return with er shown below (see
	Signature/of officer Date Title		instructions	
	Print/Type preparer's name Pregarer's signature Date	Check	ıf PTI	145
		self- employe		•
Paid	//M/M // M/M/M	on omploye		00086553
Prepa	Pounday Pounday Company	Firm's EIN		1-0463013
Use O	130 Middle Street	I III I S L IIV		T 0 = 0 0 0 T 0
		Phone no.	207-	775-3496
823711 01-				Form 990-T (2018)
CEC. 11 01.	 :-			(=010)

Form 990-T (2018) Southern Maine 01-0530420 Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A Inventory at beginning of year 6 Inventory at end of year 1 6 Cost of goods sold. Subtract line 6 2 Purchases 2 Cost of labor 3 from line 5. Enter here and in Part I. 4a Additional section 263A costs Do the rules of section 263A (with respect to Yes No (attach schedule) **4**a b Other costs (attach schedule) 4b property produced or acquired for resale) apply to Total Add lines 1 through 4b 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3)(4) Bent received or accrued 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (a) From personal property (if the percentage of (b) From real and personal property (if the percentage rent for personal property is more than 10% but not more than 50%) of rent for personal property exceeds 50% or if the rent is based on profit or income) (1) (2)(3) (4)0. Total 0 Total (b) Total deductions (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0. n Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to debt-financed property 2 Gross income from or allocable to debt-(b) Other deductions (attach schedule) (a) Straight line depreciation 1. Description of debt-financed property financed property (attach schedule) Statement Statement (1) 11,488 144 ,958. (2)(3)(4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property 6. Column 4 divided 7 Gross income 8. Allocable deductions by column 5 reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) Statement Statement 84,453 11,875 14.06% 615 296 (1) (2) % % (3)

Form 990-T (2018)

296.

0.

Enter here and on page 1,

Part I, line 7, column (B)

(4)

Totals

Total dividends-received deductions included in column 8

%

Enter here and on page 1,

Part I, line 7, column (A)

,615

Schedule F - Interest	, Alliulies, no	aities, a					Zatioi	is (see ins	struction	IS)	
,			Exempt	Controlled O	rganizati	ons	·				
1. Name of controlled organi	ıdeı	Employer ntification number				al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	Deductions directly connected with income in column 5	
/1\			+				 				
(1)		 -	+				+-			_ -	
(2)			 			···	┼				
(3)			 				┼		-+		
(4)			<u> </u>							 -	
Nonexempt Controlled Orga								 -			
7. Taxable Income	8. Net unrelated in (see instruct		9 Total	of specified payr made	ments	10 Part of colu in the controll gross		nzation's	11. De with	ductions directly connected income in column 10	
(1)											
(2)											
(3)							_				
(4)			<u> </u>								
						Add colur Enter here and line 8, 4		1, Part I,	Enter h	Id columns 6 and 11 are and on page 1, Part I, line 8, column (B)	
Totala								0.		0	
Totals		- 0 1:-	- 504(-)	(7) (0)	(47) 0-					0	
Schedule G - Investm	ient income of a structions)	a Section	n 501(c)	(7), (9), or	(17) Or	ganizatior	ו				
(300 111				Γ	·	3. Deductio	ons			5. Total deductions	
1 . De	scription of income			2 Amount of	income	directly conne (attach sched		4. Set-		and set-asides (col 3 plus col 4)	
(1)				 		tattach school	auto)			(coi s pius coi 4)	
				 						 	
(2)										+	
(3)				 							
(4)										5 1. 1.	
				Enter here and e Part I, line 9, co	lumn (A)					Enter here and on page Part I, line 9, column (B)	
Totals				<u> </u>	0.	 _	· ·			0	
Schedule I - Exploited	d Exempt Activi :ructions)	ty Incon	ne, Othe	r Than Ad	vertisi	ng Income	9				
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with p of ur	xpenses connected roduction nrelated ss income	4. Net incomfrom unrelated business (cominus columinus columinus compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrela business inco	that ted	6 Exp attribut: colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	 			-							
(2)	 			 							
(3)	+	+		 			_			 	
	+	 		 						 	
(4)	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I,), col (B)							Enter here and on page 1, Part II, line 26	
Totals •	<u> </u>		<u> </u>	<u> </u>		· 				0	
Schedule J - Advertis					D .						
Part I Income From	Periodicals Re	ported o	on a Cor	isolidated	Basis						
1. Name of periodical	2. Gross advertisin income	م ا	3. Direct vertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						 		·	-		
(2)				┤ .						•	
(3)				-							
				-							
(4)				+		+					
Totals (carry to Part II, line (5))		0.	C							0	

Jewish Community Alliance

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O1-05304

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

			<u>, </u>	, , , , , , , , , , , , , , , , , , , 			
1. Name of periodical	,	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)					<u></u>		
(3)							
(4)							
Totals from Part I		0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,	•	•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.
Schedule K - Compe	ensatio	n of Officers.	Directors, and	d Trustees (see in	structions)		

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		▶	0.

Form 990-T (2018)

Form 990-T Schedule E - Depreci	ation Deduct:	ion	Statement	1
Description	Activity Number	Amount	Total	
Depreciation - SubTotal	- 1	144.	1	44.
Total of Form 990-T, Schedule E, Column	3(a)		1	44.
Form 990-T Schedule E - Othe	r Deductions		Statement	2
Description	Activity Number	Amount	Total	
Other Expenses - SubTotal	- 1	1,958.	1,9	58.
Total of Form 990-T, Schedule E, Column	3(b)	•	1,9	58.
Form 990-T Average Acquisitio Allocable to Debt-Fi		rty	Statement	3
Description	Activity Number	Amount	Total	_
Average Acquisition Debt - SubTotal	- 1	11,875.	11,8	75.
Total of Form 990-T, Schedule E, Column	4		11,8	75.

Form 990-T Average Adjusted Allocable to Debt-F		Statement	4	
Description	Activity Number	Amount	Total	
Average Debt-Financed Assets - SubTotal	- 1	84,453.	84,4	53.
Total of Form 990-T, Schedule E, Column	5		84,4	53.